

Physician's Certificate of Confinement to Wheelchair

I hereby certify that _____ of
(Applicant)

_____ of Cass County is:
(Address)

"Permanently confined to use of a wheelchair." According to ND Century Code permanently confined to a wheelchair means "that the person cannot walk with the assistance of crutches or any other device and will never be able to do so and that as a physician you have so certified."

Physician Comments. _____

Effective Date of Wheelchair Confinement: _____

This certificate is filed in accordance with NDCC 57-02-08(20c) pertaining to property tax exemption.

Date: _____

Physician

Address